LICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

Docket No.: <u>10477</u>6

As a below-named inventor, I hereby declare that

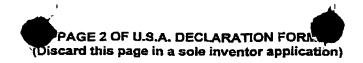
My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMAGE PROCESSING APPARATUS HAVING IMAGE SELECTION FUNCTION, AND RECORDING MEDIUM HAVING IMAGE SELECTION FUNCTION PROGRAM

Check one *a.	I claimed in the	éreto.		<i>45</i>	
D.	[] liled on	as Application No	and amended on	(if applicable	e).
the claims, as I acki	amended by a nowledge the o	my amendment referred (	tice all information known		•
	<del>-</del>	• • • • • • • • • • • • • • • • • • • •	o. penefits of the following for	eion application	(s) and/or United States
provisional ap Japanese E	plication(s) file a tent Ap	d within one year prior to plication No.	this application are hereby 10-331367 filed 11-009078 filed	daimed: November	20.1998.
11-009079	filed Ja	nuary 18,1999,	11-009080 filed	January	18,1999
the United Sta	ites of America	a either (a) more than on	entor's certificate on this inv e year prior to this applica ited States provisional appl	tion, or (b) bef	ed in countries foreign to ore the filing date of the
l here prosecute this	application and James Kirk N	d to transact all business s A. Oliff, Reg. No. 27,0 f. Hudson, Reg. No. 27,4 /alker, Reg. No. 31,450;	neys of record with full point the Patent Office: 75; William P. Berridge, R 862; Thomas J. Pardini, R Robert A. Miller, Registrino, Registration No. 33.	leg. No. 30,024 leg. No. 30,411 ration No. 32,1	l; l;
BERRIDGE, P	'.L.C., P.L.C., I	P.O. BOX 19928, ALEXA	TH THIS APPLICATION ANDRIA, VIRGINIA 22320,	TELEPHONE	(703) 836-6400.
made herein o true; and furthe are punishable	f my own knover that these statements (	wiedge are true and that atements were made with prisonment, or both, und	derstand the contents of the all statements made on in the knowledge that willful der Section 1001 of Title 1 ty of the application or any	formation and I false statemer 8 of the Unite	belief are believed to be its and the like so made d States Code and that
of First or Sole		Satoshi			EJIMA
	_	Given Name	Middle	Initial	Family Name
**Inventor's Signature:		Satoshi		<b>.</b>	Ejima
**Date of Signal	ture:		799		
Residence:	Sa	Month	•	Day	Year
reside (CC.	Seca	gaya-ku Cily	TOKYO State or Prov	daeo	JAPAN
Citizenship:	Japan	Cuy	State of Flor	VIEICO	Country
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	including c		hiyoda-ku,TOKYO	100-8331	JAPAN
*(f Box (a_) is			only when attached to the s	pecification (in	cluding claims).

\*\*Note to Inventor. Please sign name exactly as It appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE X



1	Typewritten Fu					
	of Second Joir	nt laventor (if any)	Hirotake		NOZAKI	
_			Given Name	Middle Initial	Family Name	
2	**Inventor's Sign	<del></del>	Hirotako_		hojaki	
3	**Date of Signature:		Nov	18	1999	
			Month	Day	Year	
	Residence:	Koutou-ku		TOKYO	JAPAN	
	Citizenship:	City Japan		State or Province	Country	
	Post Office Address: (Insert complete mailing address,		C/O Nikon Corporation, Fuji Bldg., 2-3, Marunouch			
		including country)	3-chome, Chiyo	oda-ku, TOKYO 100	)-8331 JAPAN	
1	Typewritten Fu					
	of Third Joint I	nventor (if any)	Fumio		HIRAIDE	
		_	Given Name	Middle Initial	Family Name	
2	**Inventor's Sign		Fuanio		Hiraide	
3 **Date of Signa			Nov	18	1999	
		Month	Nov	مع <sub>ا</sub> Day	Year /999	
	Residence:	Ebina-shi		KANAGAWA	JAPAN	
		City		State or Province	Country	
	Citizenship:  Japan  Post Office Address:		C/O Nikon Co	rneration Puit Di	.dg.,2-3,Marunouch	
		(Insert complete mailing address, including country)		da-ku, TOKYO 100-8		
1	Typewritten Fu	•				
•		Inventor (if any)	•	•		
			Chan Mana	0.01.01.01.01.01.01	***************************************	
2	**Inventor's Sign	, and the same of	Given Name	Middle Initial	Family Name	
	_					
3	**Date of Signat	nue:				
			Month	Day	Year	
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		including country)				
1	Typewritten Fu					
	of Fifth Joint In	ventor (if any)				
2	**Inventor's Sign	nature:	Given Name	Middle Initial	Family Name	
			- ····			
3	**Date of Signat	ture:				
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	<b>54</b>	including country)		nt the actual date of signing.		

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be exacuted only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.